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COVER LETTER

TO:	Registration Se Division of Cor		•	•		
		, GOLDSMITH'S	RV & MARINE DET	TAILINĢ LLC .		
SUBJI	ECT:	Name of Lim	ited Liability Company	·		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	endence concerning this matter	to the following:			
			Sonia Becerra			
			Name of Person			
			Swyft Filings			
			Firm/Company	<u> </u>		
	3 Greenway Plaza #1320					
			Address			
		<u> </u>	Houston, TX 77046			
			City/State and Zip Code			
			goldsmith94@icloud.cor to be used for future annual r			
For fur	ther information c	oncerning this matter, please c				
Sonia Becerra			at (<u>877</u>)	777-0450		
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclos	ed is a check for tl	he following amount:				
₹2 \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &		
	Mailing Address:		Street Ad Registra	Idress: ation Section		
Registration Section Division of Corporations			_	of Corporations		
	P.O. Box 632	-	The Centre of Tallahassee			
	Tallahassee,		2415 N.	Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 050 14 7/1 8: 47

GOLDSMITH'S RV & MARINE DETAILING LLC

(Name of the Limited Liability Com (A Florida Limited	pany as It now appear I Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Companion Florida document number			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	ere:		
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the d	esignation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	 			
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the nan</u>	ne of the new registe	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida		
New Registered Agent's Signature, if changing Registered Agent	· ·		Zip Code	
hereby accept the appointment as registered agent and age or ovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this of e performance of provided for in C	my duties, and I am Thapter 605, F.S. Or,	familiar with and if this document is	

X If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MOUTASM J MUSLEH	417 S LAKE FLORENCE DR	□Add
		WINTER HAVEN, FL 33884	XRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
		- <u>-</u>	□Remove
			□Change
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Effectiv	e date, if other tha	in the date of filir	ng:		(o	ptional)	405 nan
Note: II	tive date is listed, the d the date inserted in	this block does not	meet the appli-	cable statutory fi	r more than 90 days a ling requirements,	this date will not be	listed as
documer	it's effective date on	the Department of	State's records	٠.			
record d is tile	specifies a delayed e i	ffective date, but no	ot an effective (time, at 12:01 a.r	n, on the earlier of	: (b) The 90th day	after the
u is the							
Dated _	12-1.	-2021	2021				
/aca		10/	·	<u> </u>			
	(.91	W					_
		Signature of a					

Filing Fee: \$25.00